



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 04035/244767

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SULPHONATED COMB POLYMERS HAVING A SELECTED LITHIUM/SODIUM RATIO AND PREPARATIONS, IN PARTICULAR HAIR COSMETIC PREPARATIONS, BASED ON SUCH SULPHONATED COMB POLYMERS,

the specification of which

is attached hereto

OR

was filed on 3/4/2002 as United States Application No. or PCT International Application Number 10/090,525 and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

199 42 302.4	Germany	09/04/1999	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

none	
Application Number	Filing Date (MM/DD/YYYY)
Application Number	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. § 1.63(d)).

PCT/EP00/08526	08/31/2000	Pending
Application No.	Filing Date	Status Patented/Pending/Abandoned
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 00826

Direct telephone calls to: **Melissa B. Pendleton**
Registration No. 35,459
Tel Charlotte Office (704) 444-1000
Fax Charlotte Office (704) 444-1111

Full name of (first/sole) inventor: **Marion DETERT**

Inventor's
Signature: M. Dert Date: 4 Dec. 02
Residence: **Hamburg, Germany**
Citizenship: **German**
Mailing Address: **Paul-Dieroff-Weg 48A**
22455 Hamburg, Germany

Full name of second inventor: **Andreas KOLLER**

Inventor's
Signature: _____ Date: _____
Residence: **Hamburg, Germany**
Citizenship: **German**
Mailing Address: **Randersweide 26A**
21035 Hamburg, Germany

Full name of third inventor: **Roman MORSCHHÄUSER**

Inventor's
Signature: _____ Date: _____
Residence: **Mainz, Germany**
Citizenship: **German**
Mailing Address: **Watfordstrasse 20A**
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Full name of (first/sole) inventor: Marion DETERT

Inventor's

Signature: _____ Date: _____

Residence: Hamburg, Germany

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Mailing Address: Paul-Dieroff-Weg 48A
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Full name of second inventor: **Andreas KOLLER**

Inventor's

Signature: F. Miller Date: 06/06/02

Residence: Hamburg, Germany

Citizenship: German

Mailing Address: **Randersweide 26A**
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Full name of third inventor: Roman MORSCHHÄUSER

Inventor's

Signature: _____ Date: _____

Residence: Mainz, Germany

Citizenship:

Membership: German
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Full name of (first/solo) inventor: Marion DETERT
Inventor's

Signature: _____ Date: _____
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Full name of second inventor: Andreas KOLLER
Inventor's

Signature: _____ Date: _____
Residence: Hamburg, Germany
Citizenship: German
Mailing Address: Randerswade 26A
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Full name of third inventor: Roman MORSCHHÄUSER
Inventor's

Signature: Roman Morschhäuser Date: 16.10.02
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